Notifiable Disease Surveillance Monthly Report

Metro Public Health Department

Date: August 12, 2004

July 2004 Reported Notifiable Diseases at a Glance

Disease	July 2004	Cumulative through July 2004	July 2003	Cumulative through July 2003
AIDS* - pages 3 & 4	28	179	33	171
HIV* - pages 3 & 4	33	183	31	190
Sexually Transmitted Diseases - page 3				
Chlamydia	300	1,520	248	1,675
Gonorrhea	127	679	148	933
Primary and Secondary Syphilis	2	8	1	15
Other Syphilis	21	98	23	119
Tuberculosis - page 8	3	32	13	38
Communicable Diseases ** - pages 5-7				
Gastrointestinal Diseases[1]	10	73	8	51
Hepatitis A	1	12	2	5
VRE & DRSP[2]	0	24	5	46
Neisseria meningitidis Disease	0	1	0	0
Bacteremia and meningitis caused by:				
Haemophilus influenzae	0	3	0	2
Group A streptococcus	0	8	1	10
Listeria monocytogenes	0	0	0	0
Other Bacteria[3]	0	0	0	3
Other Communicable Diseases[4]	12	23	6	25
Vaccine-preventable Diseases- pages 5 & 7				
Influenza-like Illness^	0	184	0	920
Other[5]	0	4	0	6

*Includes both Davidson County residents and non-Davidson County residents

**Presented on this page by report date

^Includes cases reported as confirmed and probable

[1] Gastrointestinal diseases = campylobacteriosis, *E-coli* 0157:H7, giardiasis, salmonellosis, and shigellosis

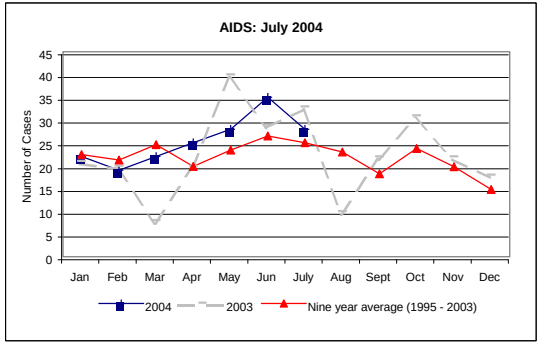
[2]VRE = Vancomycin resistant enterococci / DRSP = drug resistant *Streptococcus pneumoniae*

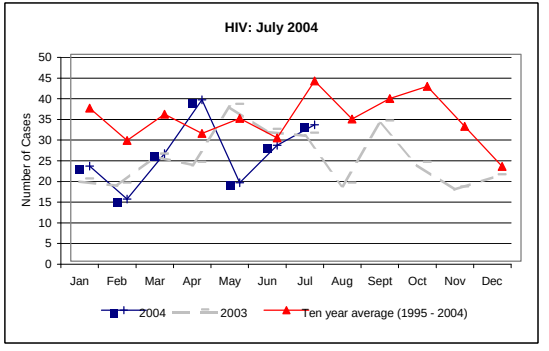
[3]See page 9 for a list of bacteria included in this category

[4]Includes diseases listed in tables on pages 5 through 7 categorized as "Other"

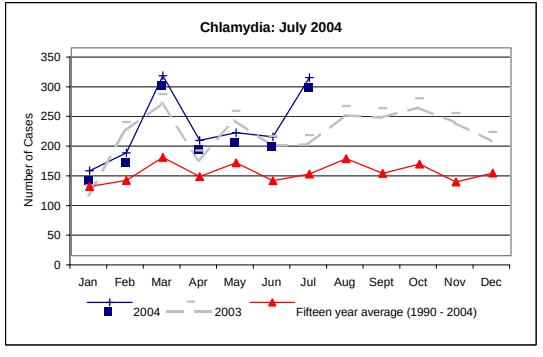
[5]Includes diphtheria, measles, mumps, pertussis, and tetanus

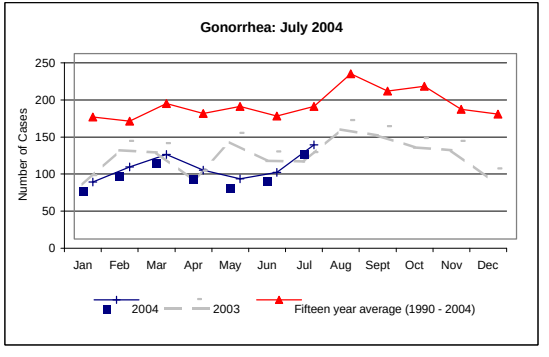
HIV/AIDS

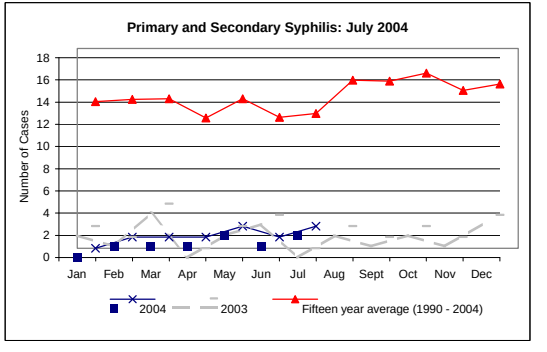




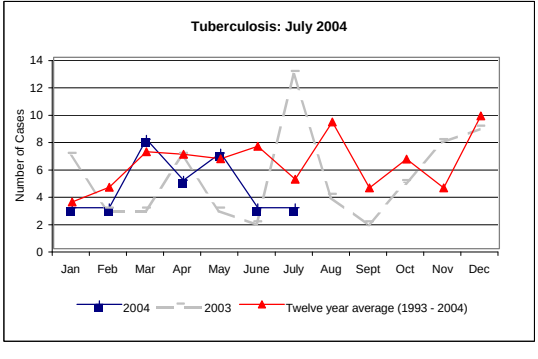
Sexually Transmitted Diseases

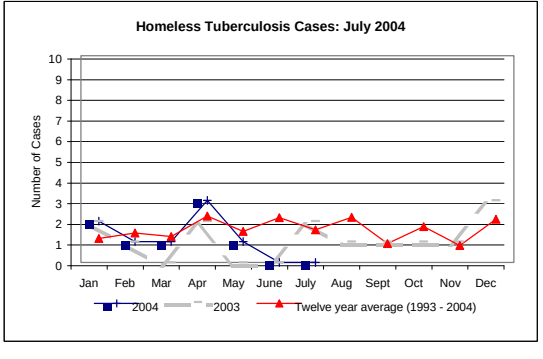




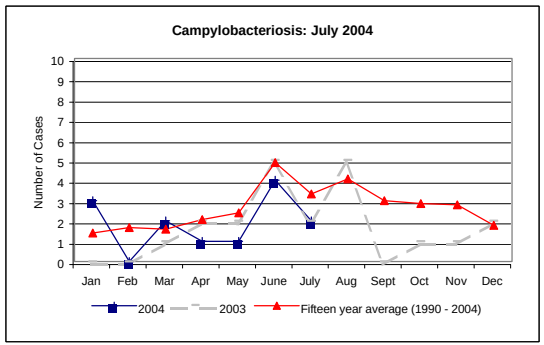


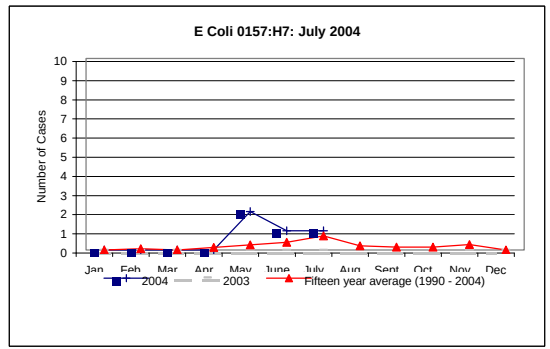
Tuberculosis

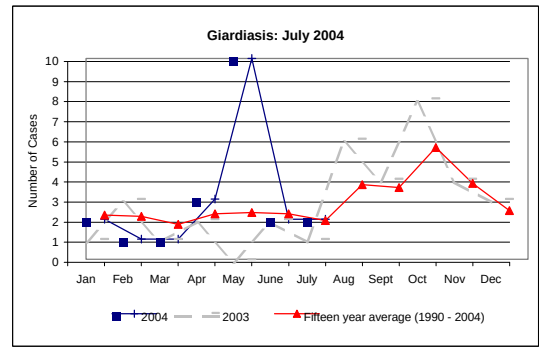


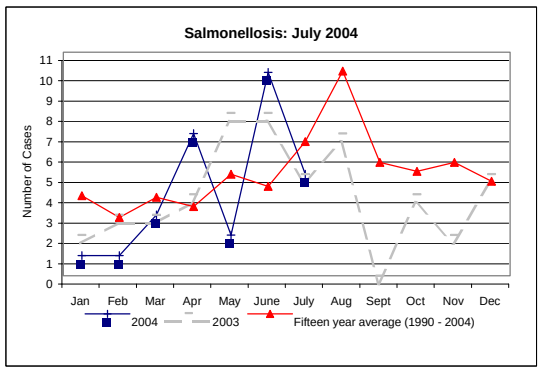


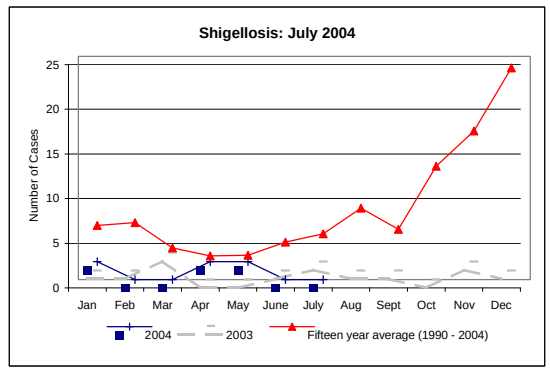
Gastrointestinal Diseases



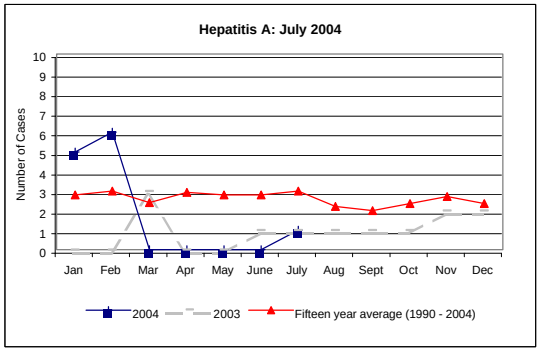


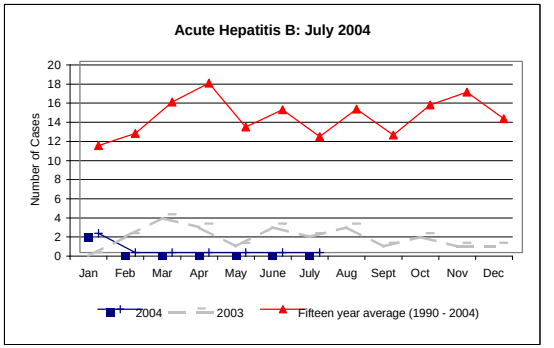


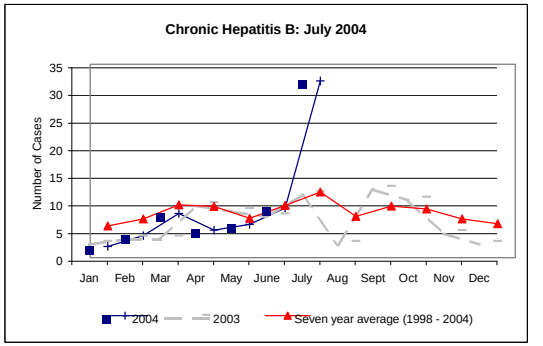


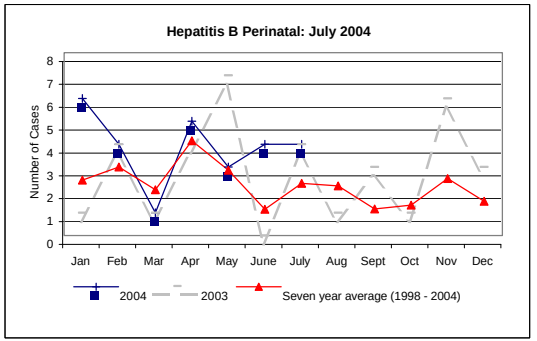


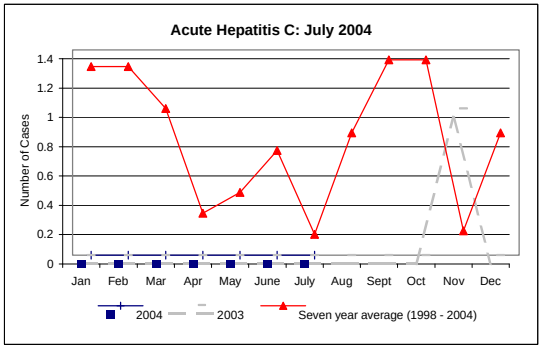
Hepatitis

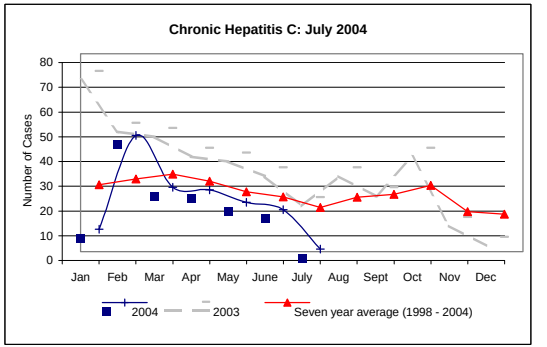

Hepatitis A: July 2004
Number of Cases
0 1 2 3 4 5 6 7 8 9 10
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2004
2003
Fifteen year average (1990 - 2004)


Acute Hepatitis B: July 2004
Number of Cases
0 2 4 6 8 10 12 14 16 18 20
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2004
2003
Fifteen year average (1990 - 2004)

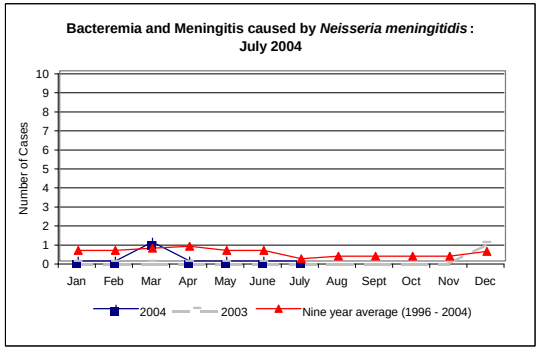

Chronic Hepatitis B: July 2004
Number of Cases
0 5 10 15 20 25 30 35
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2004
2003
Seven year average (1998 - 2004)

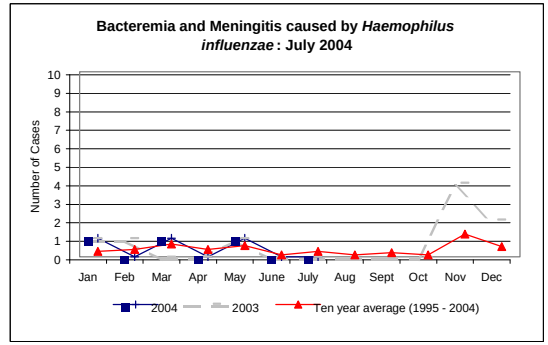

Hepatitis B Perinatal: July 2004
Number of Cases
0 1 2 3 4 5 6 7 8
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2004
2003
Seven year average (1998 - 2004)

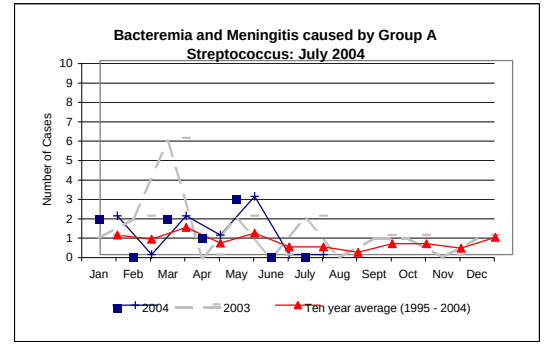

Acute Hepatitis C: July 2004
Number of Cases
0 0.2 0.4 0.6 0.8 1 1.2 1.4
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2004
2003
Seven year average (1998 - 2004)

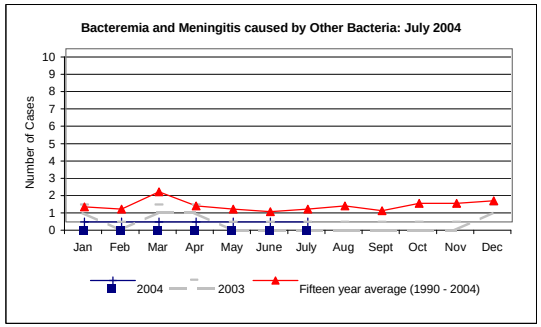

Chronic Hepatitis C: July 2004
Number of Cases
0 10 20 30 40 50 60 70 80
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
2004
2003
Seven year average (1998 - 2004)

Meningitis

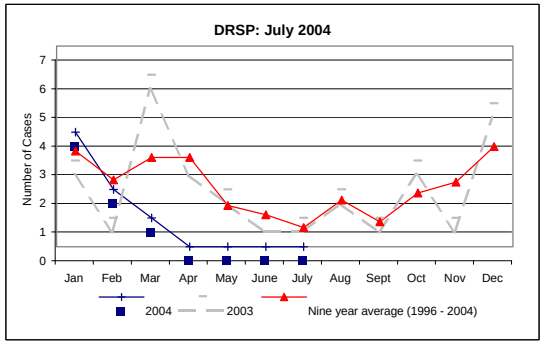


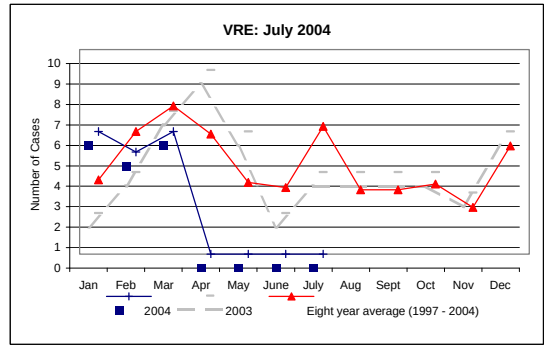




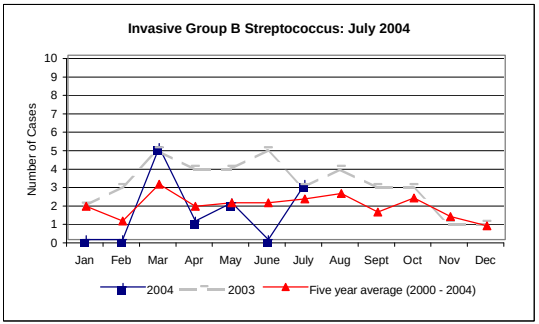


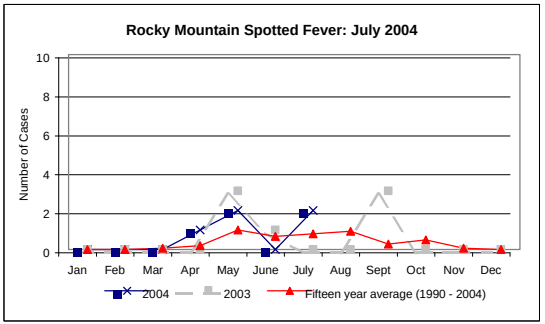
DRSP and VRE



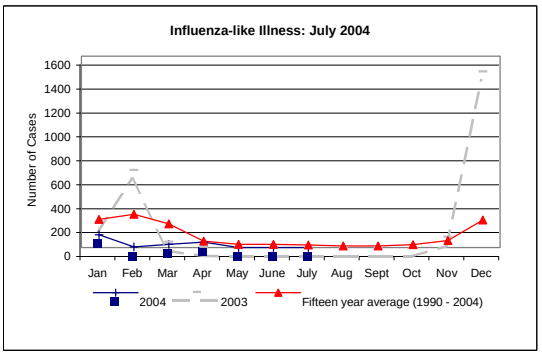


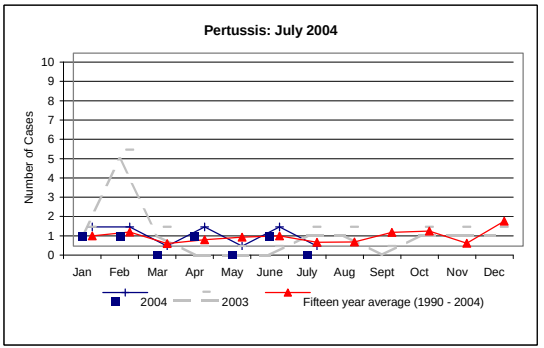
Other Communicable Diseases





Vaccine-preventable Diseases





Notifiable Disease Surveillance Monthly Report: AIDS/HIV/STDs

Month: July, 2004 by Date of Report

Disease	Reported Cases	Place of Diagnosis		Race				Gender			Age										Previous Year
		MHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	July, 2003
AIDS/HIV																					
AIDS*	28		28	10	17	1		24	4					8	7	9	2	1	1		33
HIV*	33	4	29	15	16	2		26	7					6	16	6	2	1	2		31
Sexually Transmitted Diseases																					
Chlamydia	300	116	184	94	169	3	34	106	194		1	1	100	160	28	8		2			248
Gonorrhea	127	50	77	31	74	2	20	75	52				30	64	21	11	1				148
Syphilis, Primary																					
Syphilis, Secondary	2		2	2				2						1					1		1
Syphilis, Congenital	3		3	1	2			1	2		3										
Syphilis, Other	18	8	10	6	12			16	2					4	5	3	2	2	2		23
Total Syphilis	23	8	15	9	14	0	0	19	4	0	3	0	0	5	5	3	2	2	3	0	24
Total STDs	450	174	276	134	257	5	54	200	250	0	4	1	130	229	54	22	3	4	3	0	420
Syphilis Cases Who Were Homeless	1		1		1			1							1						0
Cumulative through July, 2004																					
AIDS/HIV																					
AIDS*	179		179	79	90	10		149	30				1	30	62	59	20	3	4		171
HIV*	183	36	147	90	81	12		155	28			1	5	37	70	48	15	4	3		190
Sexually Transmitted Diseases																					
Chlamydia	1,520	570	950	422	874	13	211	481	1,039		1		504	844	131	31	5	2	1		1,675
Gonorrhea	679	281	398	136	430	7	106	382	297			1	163	315	121	63	13	1	2		933
Syphilis, Primary																					6
Syphilis, Secondary	8		8	7	1			8						2	1	2	1	1	1		9
Syphilis, Congenital	3		3	1	2			1	2		3										
Syphilis, Other	95	25	70	30	65			72	23				1	15	23	31	18	3	4		119
Total Syphilis	106	25	81	38	68	0	0	81	25	0	3	0	1	17	24	33	19	4	5	0	134
Total STDs	2,305	876	1,429	596	1,372	20	317	944	1,361	0	4	1	668	1,176	276	127	37	7	8	0	2,742
Syphilis Cases Who Were Homeless	5		5	1	4			4	1						2	2	1				5

Blank space = No report received

Includes both Davidson County and non-Davidson County residents

Notifiable Disease Surveillance Monthly Report: AIDS/HIV Davidson County Resident Only
Month: July, 2004 by Date of Report

Disease	Reported Cases	Place of Diagnosis		Race				Gender			Age										Previous Year
		MHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	July, 2003
AIDS/HIV																					
AIDS	19		19	6	13			17	2					3	5	8	2		1		21
HIV	22	4	18	10	11	1		18	4					3	9	6	2		2		19
Cumulative Through July, 2004																					
AIDS/HIV																					
AIDS	130		130	45	78	7		107	23				1	20	45	43	17	1	3		125
HIV	128	32	96	53	67	8		108	20			1	3	23	48	36	12	2	3		130

Notifiable Disease Surveillance Monthly Report: AIDS/HIV Non-Davidson County Resident Only
Month: July, 2004 by Date of Report

Disease	Reported Cases	Place of Diagnosis		Race				Gender			Age										Previous Year
		MHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	July, 2003
AIDS/HIV																					
AIDS	9		9	4	4	1		7	2					5	2	1		1			12
HIV	11		11	5	5	1		8	3					3	7			1			12
Cumulative Through July, 2004																					
AIDS	49		49	34	12	3		42	7					10	17	16	3	2	1		46
HIV	55	4	51	37	14	4		47	8				2	14	22	12	3	2			60

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable

Month: July, 2004 by Date of Report

Disease	Reported Cases	Race				Gender			Age										Previous Year
		White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	July, 2003
Gastrointestinal Diseases																			
Campylobacteriosis	2				2	2						1	1						3
E-Coli 0157:H7	1	1					1				1								
Giardiasis	2				2	2				1				1					1
Salmonellosis	5	2	2		1		5			1		1		1			2		4
Shigellosis																			
Total	10	3	2	0	5	4	6	0	0	2	1	2	1	2	0	0	2	0	8
Hepatitis A, B, and C																			
Hepatitis A	1			1		1				1									2
Hepatitis B																			
-Acute																			3
-Chronic	32	2	3	1	26	26	4	2	1			4	10	6	9	1		1	9
-Perinatal	4				4		4					3	1						4
Hepatitis C																			
-Acute																			
-Chronic	1				1	1							1						28
Total	38	2	3	2	31	28	8	2	1	1	0	7	12	6	9	1	0	1	46
Bacterial Meningitis and Bacteremia																			
Neisseria meningitidis Disease																			
Bacteremia and meningitis caused by:																			
Haemophilus influenzae																			
Group A Streptococcus																			1
Listeria monocytogenes																			
Other Bacteria																			
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
DRSP/VRE																			
DRSP																			3
VRE																			2
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Other																			
MRSA	6	2	3		1	3	3						2		3	1			
Rocky Mountain Spotted Fever	2	2				2								1			1		
Invasive Group B Streptococcus	3	2	1			1	2								1		2		5
Ehrlichiosis	1				1	1							1						1
Total	12	6	4	0	2	7	5	0	0	0	0	0	3	1	4	1	3	0	6
Total of Communicable Diseases	60	11	9	2	38	39	19	2	1	3	1	9	16	9	13	2	5	1	66
Vaccine-preventable Diseases																			
Diphtheria																			
Influenza-like Illness																			
Measles																			
Mumps																			
Pertussis																			
Tetanus																			
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Blank space = No report received

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable
Cumulative Through July, 2004 by Date of Report

Disease	Reported Cases	Race				Gender			Age										Previous Year
		White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	July, 2003
Gastrointestinal Diseases																			
Campylobacteriosis	13	7		1	5	10	3			1	1	3	4	1	2	1			7
E-Coli 0157:H7	4	3			1	1	3				3					1			
Giardiasis	21		3	4	14	16	5			9	4	4		4					8
Salmonellosis	29	6	6	1	16	9	17	3		5		7	5	4	1	4	3		30
Shigellosis	6	3			3	3	2	1		3			2		1				6
Total	73	19	9	6	39	39	30	4	0	18	8	14	11	9	4	6	3	0	51
Hepatitis A, B, and C																			
Hepatitis A	12	2	2	6	2	7	5			2	4	2		3	1				5
Hepatitis B																			
-Acute	2	2				1	1						1	1					12
-Chronic	66	4	6	5	51	47	15	4		3	1	6	18	20	14	2		2	31
-Perinatal	27				27		27				2	12	13						19
Hepatitis C																			
-Acute																			
-Chronic	145	71	38	3	33	96	49	1	1		1	2	16	61	42	8	5	9	277
Total	252	79	46	14	113	151	97	5	1	5	8	22	48	85	57	10	5	11	344
Bacterial Meningitis and Bacteremia																			
Neisseria meningitidis Disease	1		1			1										1			
Bacteremia and Meningitis caused by:																			
Haemophilus influenzae	3	2	1			1	2							1	1		1		2
Group A Streptococcus	8	2	2		4	3	4	1					1	1		2	3	1	10
Listeria monocytogenes																			
Other Bacteria																			3
Total	12	4	4	0	4	5	6	1	0	0	0	0	1	2	1	3	4	1	15
DRSP/VRE																			
DRSP	7	4	2		1	3	3	1		2		1		1		1	2		16
VRE	17	8	6		3	3	14					1	1	3	1	2	9		30
Total	24	12	8	0	4	6	17	1	0	2	0	2	1	4	1	3	11	0	46
Other																			
Invasive Group B Streptococcus	11	5	4		2	4	7							1	2	1	7		24
Ehrlichiosis	1				1	1							1						1
Rocky Mountain Spotted Fever	5	5				4	1			1		1		1		2			
MRSA	6	2	3		1	3	3						2		3	1			
Total	23	12	7	0	4	12	11	0	0	1	0	1	3	2	5	4	7	0	25
Total of Communicable Diseases	384	126	74	20	164	213	161	11	1	26	16	39	64	102	68	26	30	12	481
Vaccine-preventable Diseases																			
Diphtheria																			
Influenza-like Illness	184				184			184										184	920
Measles																			
Mumps																			
Pertussis	4	3		1		3	1		3	1									6
Tetanus																			
Total	188	3	0	1	184	3	1	184	3	1	0	0	0	0	0	0	0	184	926

Blank space = No report received

Notifiable Disease Surveillance Monthly Report: Tuberculosis

Month: July, 2004 by Date of Report

Site	Reported Cases	Place of Diagnosis		Race/Ethnicity						Gender			Age										Comments
		MHD	Other	White Non-Hisp	Black Non-Hisp	Hispanic	Amer. Ind/Alask. Nat.	Asian/Pac. Islander	Other	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	
New Pulmonary Cases	3		3	2	1					3								3					
New Extrapulmonary Cases																							
New Cases in Dual Sites																							
New Homeless Cases	0																						Total New Cases
Total New Cases	3		3	2	1					3								3					July 2003: 13
Cumulative Through July, 2004																							
Pulmonary																							
Total Cases	27	4	23	12	15					20	7			3	1	2	1	15	2	2	1		
Extrapulmonary																							
Total Cases	5		5	1	4					4	1						1	1	2		1		
Dual Sites																							
Total Cases																							
All Sites																							
Total Cases	32	4	28	13	19					24	8			3	1	2	2	16	4	2	2		
Total Homeless Cases	8	2	6	4	4					7	1							5	2	1			
Total Drug-resistant Cases																							Cumulative Total Thru
Total Multi-drug resistant Cases																							July 2003: 38
Total Cases with HIV Co-infection	7		7	1	6					5	2							5	2				
Total Cases Foreign Born < 5 Years	2		2		2					1	1				1	1							
Total Cases Foreign Born > 5 Years	4		4	3	1					3	1						1	2	1				

Blank space = No report received

Definitions and Technical Notes

1. Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS): Effective January 1, 2000, the Centers for Disease Control & Prevention (CDC) has established a new case definition for HIV infection in adults and children that includes revised surveillance criteria for HIV infection and incorporates the surveillance criteria for AIDS. For adults and children aged ≥ 18 months, the HIV surveillance case definition includes laboratory and clinical evidence specifically indicative of HIV infection and severe HIV disease. For children aged <18 months (except for those who acquired HIV infection other than by perinatal transmission), the HIV surveillance case definition updates the definition in the 1994 revised classification system. The revised case definition includes HIV nucleic acid (DNA or RNA) detection tests and permits reporting of cases based on the result of any test licensed for diagnosing HIV infection in the U.S. The entire case definition may be found in MMWR, December 10, 1999 / Vol.48 / No. RR-13.

Effective January 1, 1993, the CDC expanded the AIDS surveillance to include all HIV infected adolescents and adults aged greater than or equal to 13 years who have either a) less than 200 CD4+ T-lymphocytes/uL; b) a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14%; or c) any of the following three clinical conditions: pulmonary tuberculosis, recurrent pneumonia, or invasive cervical cancer. The expanded definition retained the 23 clinical conditions in the AIDS surveillance case definition published in 1987.

2. Sexually Transmitted Diseases (STDs): Sexually transmitted diseases are infections one can acquire by having sex (vaginal, oral, and/or rectal) with another who has the infection. Viruses or bacteria can cause STDs. Although there are many types of STDs, only HIV/AIDS, chlamydia, gonorrhea, and syphilis are required to be reported to the health department and are presented in this report. HIV/AIDS cases are tabulated separately from other STDs for programmatic reasons.

3. Communicable/Vaccine-preventable Diseases: Communicable diseases in this report are a selected group of notifiable diseases that are reported to the Metropolitan Health Department of Nashville and Davidson County (MHD) regularly (other than AIDS/HIV, STDs, and TB). Other communicable diseases not listed in this report may be added as needed. Communicable diseases make up the largest portion of notifiable diseases, which are diseases that are required by law to be reported to the health department. Diseases that can be prevented by immunization include influenza, measles, mumps, polio, rubella (German measles), pertussis, diphtheria, tetanus, *Haemophilus influenzae* type b, hepatitis B, varicella (chickenpox), and others. Influenza, measles, diphtheria, mumps, pertussis, and tetanus are the six vaccine-preventable diseases listed regularly in this report, although others may be included as needed.

4. Tuberculosis: A chronic bacterial infection caused by Mycobacterium tuberculosis (MTB), characterized pathologically by the formation of granulomas. The most common site of infection is the lung, but other organs may be involved. A verified case of TB is a case that has laboratory confirmation of Mycobacterium tuberculosis (i.e., positive culture for MTB) or, in the absence of laboratory confirmation, a case that meets the clinical case definition. A clinical case meets all of the following criteria: 1.) It has a positive tuberculin skin test. 2.) Other signs and symptoms compatible with tuberculosis (e.g., an abnormal, unstable [i.e., worsening or improving] chest radiograph, or clinical evidence of current disease are present. 3.) There is treatment with two or more antituberculosis medications. 4.) A completed diagnostic evaluation. Because verification of a tuberculosis case according to the case definition as described above requires 6 – 8 weeks or longer, a case may be reported to the Tennessee Department of Health (TDOH) and presented in this report one to two months or longer after evaluation and care was initiated for the case. Following evaluation for tuberculosis, some persons are determined to not have a laboratory confirmation of MTB or to meet the clinical case definition for the disease, and are therefore not reported to the TDOH.

A TB case should not be counted twice within any consecutive 12-month period. However, cases in which the patients had previously had verified disease should be reported again if the patients were discharged from treatment. Cases also should be reported again if patients were lost to supervision for greater than 12 months and disease can be verified again. Mycobacterium diseases other than those caused by M. tuberculosis complex should not be counted in tuberculosis morbidity statistics unless there is concurrent tuberculosis. (Centers for Disease Control & Prevention case definition).

Information pertaining to tuberculosis cases who were homeless is provided beginning in December, 2000. Homeless is defined as:

(1) An individual who lacks a fixed, regular, and adequate nighttime residence; or

(2) An individual who has a primary nighttime residence that is:

- (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
- (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
- © A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

A homeless person may also be defined as a person who has no home, e.g., is not paying rent, does not own a home, and is not steadily living with relatives or friends. Another definition is a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings. Also included are residents of homeless shelters, shelters for battered women, welfare hotels, and single room occupancy (SRO) hotels which are not designated for permanent long-term housing. The term homeless is applied to any patient who meets the definition of homeless at any time during the 12 months prior to the time when the TB diagnostic evaluation was performed. (Definition from the TIMS User's Guide).

5. Surveillance: Continuous analysis, interpretation, and feedback of systematically collected data, generally using methods distinguished by their practicality, uniformity, and rapidity rather than by accuracy or completeness. By observing trends in time, place and persons, changes can be observed or anticipated and appropriate action, including investigative or control measures, can be taken. Sources of data may relate directly to disease or to factors influencing disease. Thus they may include (1) mortality and morbidity reports based on death certificates, hospital records, general practice sentinels, or notifications; (2) laboratory diagnoses; (3) outbreak reports; (4) vaccine utilization-uptake and side effects; (5) sickness absence records; (6) disease determinants such as biological changes in agent, vectors, or reservoirs; (7) susceptibility to disease, as by skin testing or serological surveillance (e.g., serum banks). This definition was taken from " A Dictionary of Epidemiology" third edition, edited by John M. Last, and published in 1995.

6. Event Date: Event date is defined as the earliest known date associated with the incidence of the disease. This date may be the date of disease onset, the date of clinical diagnosis, laboratory diagnosis, report to county health department, report to state health department, or as a last resort, any date associated with the case. For purposes of this report, event date is the date of laboratory diagnosis.

7. Report Date: Report date is defined as the date that the disease was reported to the Tennessee Department of Health. The report date is always a Saturday. For example, diseases displayed in this report by report date reflect those cases reported to the Tennessee Department of Health from the week ending the second Saturday of the month of the report to the week ending the first Saturday of the current month.

8. NETSS: National Electronic Transmitting Surveillance System

9. NEDSS: National Electronic Disease Surveillance System

10. TIMS: Tuberculosis Information Management System

11. HARS: HIV/AIDS Reporting System

12. Cumulative totals for STD's, communicable diseases and vaccine-preventable diseases represent only the totals in 1999 and 2000 through the respective month being reported on in 1999 and 2000.

13. HIV/AIDS/STD data:

- Provided by: Dan McEachern, Division of STD Control, and Nancy Horner
- Date: August 9 and 10, 2004.
- Data Source: STD cases entered into the NETSS database by report date.
- HIV/AIDS cases entered into the HARS database during the calendar month of the report.
- **Please note**: Number of cases of HIV/AIDS may include both Davidson County residents and non-Davidson County residents. Resident vs. non-resident status is indicated page ten. STD data presented is Davidson County resident data only.

14. Communicable/Vaccine-preventable diseases data:

- The data used to prepare the Communicable/Vaccine-preventable Diseases portion of this report were downloaded from NETSS and NEDSS on August 9, 2004 at the Metro Public Health Department by Nancy Horner, Division of Epidemiology.
- Data presented is Davidson County resident data only.

In June 2000, changes were made in how bacterial meningitis and bacteremia are presented in the report. These changes were made to 1) make the data more easily interpreted and 2) to more closely represent the manner in which the diseases are reported to CDC through NETSS. The NETSS event numbers used to report these bacteria to the CDC include both cases of meningitis and bacteremia caused by the bacteria. In order to determine whether a reported case is meningitis or bacteremia requires entry into the secondary screens of the NETSS system where laboratory specifics are entered, such as 1) specimen from which the organism was isolated (blood, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, joint, placenta, amniotic fluid, and other) and 2) type of infection caused by the organism (primary bacteremia, meningitis, otitis media, pneumonia, cellulitis, epiglottitis, peritonitis, pericarditis, septic abortion, amnionitis, septic arthritis, conjunctivitis, other); and 3) serogroup. This report will provide only the total numbers for the represented categories. For specific information pertaining to numbers of bacterial meningitis vs. bacteremia, contact Pam Trotter at Ext. 632.

The bacteria included in the "Other Bacteria" category include: Group B streptococcus, *Streptococcus pneumoniae*, Escherichia coli, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Klebsiella* species, Enterobacter species, *Serratia* species, Actinobacter species, Group D streptococcus, and other streptococcus.

NEDSS is an initiative to promote data and information system standards for disease surveillance. It is aims to promote data and information system standards for disease surveillance. The goal of NEDSS is the development of efficient, interoperable, and integrated surveillance systems at federal, state, and local levels by facilitating the electronic transfer of appropriate information from clinical information systems in the health care industry to public health departments.

In Nashville, communicable disease data began to be entered into the NEDSS database in March 2004. Data was entered into the NETSS database as well for comparison/quality check purposes until April 19, 2004. As of April 19, 2004, NEDSS became the primary data management system for communicable disease data in place of NETSS, except for follow-up to any cases previously entered into NETSS. Data for those cases will be managed in the NETSS system until the case is closed. For that reason, beginning with the April 2004 report, communicable disease data will be run from both the NEDSS and NETSS systems until all cases are closed in NETSS.

15. Tuberculosis data:

- Data pertaining to numbers of drug-resistant cases provided by Division of Tuberculosis Elimination.
- Date:
- Nancy Horner, Division of Epidemiology, ran the tuberculosis data from the TIMS database on August 10, 2004.
- Data Source: TIMS. Tuberculosis cases presented in this report reflect surveillance of new cases based on calendar month of report.
- **Please note**: Cases presented are primarily Davidson County residents, but may include some cases diagnosed, treated, and managed in Davidson County but residing in another county. Those cases not Davidson County residents will be so indicated on the report.

Because determination of drug/multi-drug resistance may require as long as 2 months, beginning with the October 2001 report this information will presented only as cumulative data. Similarly, HIV reports may not be available to accurately reflect by month the HIV status of each case so HIV Co-infection status will presented as cumulative data only.

In September of 2001, maps were added to the report. The maps are geographical representation of individual cases of diseases. The maps are produced using ArcView GIS Version 3.0.

In May of 2002, information pertaining to risk factors for hepatitis A and B were added to the report.

Beginning with the July 2004 report and continuing until problems with the NEDSS system are corrected, communicable disease/vaccine-preventable disease information will be presented only by date of report to the MPHD as it is not possible to ascertain the event date.